DAILY VACCINE WASTE REPORT

Month_____   **Year**_____   **Provider Name**_____   **Reporting Provider PIN#**_____

Date Reported		DTaP	DTP	DT (Pedi)	HEP B (Adult)	HEP B (Pedi)	HIB	MMR	IPV	PPD	Td (Adult)	Varivax (VAR)	Prevnar (PCV)	HEP A
1	*Lot No.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	No. Wasted	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2	*Lot No.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	No. Wasted	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3	*Lot No.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	No. Wasted	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4	*Lot No.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	No. Wasted	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5	*Lot No.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	No. Wasted	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
6	*Lot No.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	No. Wasted	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
7	*Lot No.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	No. Wasted	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
8	*Lot No.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	No. Wasted	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
9	*Lot No.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	No. Wasted	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
10	*Lot No.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	No. Wasted	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
11	*Lot No.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	No. Wasted	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
12	*Lot No.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	No. Wasted	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
13	*Lot No.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	No. Wasted	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
14	*Lot No.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	No. Wasted	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
15	*Lot No.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	No. Wasted	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
16	*Lot No.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	No. Wasted	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

**Need Lot Number If Possible

SEND IN MONTHLY - DUE ON THE 8TH OF EACH MONTH

Revised 02/28/2001

DAILY VACCINE WASTE REPORT

Month_____   Year_____   Provider Name_____   Reporting Provider PIN#_____

Date Reported		DTaP	DTP	DT (Pedi)	HEP B (Adult)	HEP B (Pedi)	HIB	MMR	IPV	PPD	Td (Adult)	Varivax (VAR)	Prevnar (PCV)	HEP A
17	*Lot No.													
	No. Wasted													
18	*Lot No.													
	No. Wasted													
19	*Lot No.													
	No. Wasted													
20	*Lot No.													
	No. Wasted													
21	*Lot No.													
	No. Wasted													
22	*Lot No.													
	No. Wasted													
23	*Lot No.													
	No. Wasted													
24	*Lot No.													
	No. Wasted													
25	*Lot No.													
	No. Wasted													
26	*Lot No.													
	No. Wasted													
27	*Lot No.													
	No. Wasted													
28	*Lot No.													
	No. Wasted													
29	*Lot No.													
	No. Wasted													
30	*Lot No.													
	No. Wasted													
31	*Lot No.													
	No. Wasted													
Total Wasted														

****Need Lot Number If Possible**   *SEND IN MONTHLY - DUE ON THE 8TH OF EACH MONTH*

Revised 02/28/2001